



ARMADA FAIR 4-H RIBBON, TROPHY & AWARDS DONATION FORM



Numbers behind project areas denote the number of items given in that project area.

4-H Animal Trophies & Rosettes - \$25.00 for (1) Trophy & (1) Rosette

Beef Cattle	9	Goats	16	Horses	10
Dairy Cattle	11	Rabbits	7	Mini-Horses	10
Sheep	11	Dogs	7	Pocket Pets	4
Swine	8	Poultry	14	Draft Horses	10

4-H Best of Show Rosette - \$10.00 for (1) Rosette

Beef	3	Horses	5	Sheep	2	Creative Stitchery	5	Food Preparation	2
Dairy Cattle	13	Mini-Horses	5	Swine	2	Educational & Vet Science	3	Horticulture	2
Dogs	7	Pocket Pets	5	Additional Projects	25	Family	1	Industrial Arts	5
Draft Horses	5	Poultry	6	Artists	25	Floriculture	1	Natural Resources	1
Goats	2	Rabbits	94	Creative Arts	40	Folkpatterns	1	Personal Appearance	1
						Grains & Herbs	1	Photography	30

4-H Club Display Cash Awards - \$50.00 for (1) project area

4-H Exhibit Bldg.	4-H Poultry	4-H Sheep	4-H Dairy Cattle	4-H Horses	4-H Draft Horses
4-H Rabbits	4-H Swine	4-H Beef Cattle	4-H Goats	4-H Mini-Horses	

4-H Court

Tiaras for 4-H Queen & 1 st /2 nd Runners Up - \$75.00	Sashes for 4-H King, 4-H Queen & 1 st /2 nd Runners Up - \$90.00	Cash Awards - \$150.00
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Name: _____

Address: _____

Phone: _____ Email: _____

I am a: _____ New Donor _____ Previous Donor

PLEASE MAKE CHECK PAYABLE TO: ARMADA FAIR

Mail completed form and payment to: Armada Fair -Ribbons & Trophies, P.O. Box 507, Armada, MI 48005-0507

Make a copy of form before mailing

MasterCard and Visa also accepted – Contact Fair Office (586)784-5488 for details

Deadline for Engraving on Trophy is: June 1st of calendar year

I would like to donate \$_____ to be used in the following areas:

1st Choice _____

2nd Choice _____

3rd Choice _____

Donated by: _____

Indicate what you want engraved on the trophy

Instead of donating for above areas, I would like to donate \$_____ to be used for 4-H or Cloversprout ribbons.

Instead of donating for above areas, I would like to donate \$_____ to be used as needed.

Thank you in advance for supporting 4-H at this year's Armada Agricultural Society Fair.

OFFICE COPY:

Total Amount:	Check #:	Fair personnel:
Date:	Cash:	